

201 South Grand Avenue East
Springfield, Illinois 62763-0002Telephone: 1-877-782-5565
TTY: (800) 526-5812**INFORMATIONAL NOTICE****DATE:** June 27, 2006**TO:** Physicians, Chiropractors, Podiatrists, Optometrists, Advance Practice Nurses, Federally Qualified Health Center (FQHC), Encounter Rate Clinic (ERC) or Rural Health Clinic (RHC) and Hospitals billing fee-for-service**RE:** All Kids Health Insurance Program – Cost Sharing

Effective with dates of service on or after July 1, 2006, HFS's medical coverage for children will expand under the provisions of Governor Blagojevich's new All Kids program. As part of this expansion, Medicaid and KidCare coverage of children has been renamed All Kids as well.

All Kids Cost Sharing Requirements

The attached chart shows the co-payment amounts for the All Kids program. Appendix 12 and 13 of the Chapter 100, General Policy and Procedures Handbook will be updated in the near future to reflect the new co-payment requirements. Chapter 100 is available on the department's Web site at: <<http://www.hfs.illinois.gov/handbooks/>>

The expanded coverage has been named All Kids Premium Levels 2 through 8 to correspond with seven income groups. Cost sharing, for children covered under the expansion to higher income levels, includes co-payment amounts that vary by family income. Please note that co-payment requirements for children previously covered under All Kids (KidCare) have not changed.

Under All Kids Premium Levels 2 through 8, a co-payment will be assessed on certain fee-for-service visits to a physician, chiropractor, podiatrist, optometrists, nurse practitioner or hospital and on all billable encounters (medical and behavioral health) at a FQHC, ERC or RHC.

Effective with dates of service on or after July 1, 2006, co-payments will be applied to the following CPT code ranges for services provided to a child, 18 years of age or younger, **except** when these codes are billed with modifiers "EP" (EPSDT) or "FP" (Family Planning):

CPT Code Range
99201 – 99215
99241 – 99245
90801 – 90911
92002 – 92015
98940 – 98943
T1015**General Description**
Office Visit
Consultations
Psychiatric Evaluation
General Ophthalmologic Services
Chiropractic Manipulative Treatment
Encounter Rate

Collection of Co-payments

The department will automatically deduct the co-payment for All Kids Premium Levels 2 through 8 from the provider's reimbursement. When billing the department, providers should bill their usual and customary charge and **should not** report the co-payment on the claim. Providers will be responsible for collecting co-payments from the participant. Providers may choose not to charge a co-payment, but if co-payments are charged, the co-payment amount cannot exceed the amounts shown on the attached table.

Federal regulations stipulate that a provider cannot deny services to an individual covered under a Title XIX or Title XXI program due to the person's inability to pay a co-payment. This requirement does not apply to the All Kids Premium Levels 2 through 8. Providers may apply their office policies relating to the co-payments to participants covered under the All Kids Premium Levels 2 – 8.

Eligibility Verification

Providers will be able to determine the appropriate co-pay amount for a child using the MEDI or REV eligibility verification systems. The AVRS eligibility system will only identify the All Kids coverage level, not the specific co-pay amount.

In addition, the All Kids medical cards issued to families with children covered by All Kids Premium Levels 2 – 8 will contain the following message:

Co-pays apply for most medical services. **There are no co-pays for immunizations for children and well-child visits.** To obtain co-pay status, providers may use the MEDI Web site at: www.myhfs.illinois.gov, a REV vendor, or call 1-800-842-1461, the Automated Voice Response System.

To register to use the MEDI system for verifying eligibility, go to: <http://www.myhfs.illinois.gov>. Information on the REV System can be found in Topic 131.2 of the Chapter 100, General Policy and Procedures Handbook available on the department's Web site at: <http://www.hfs.illinois.gov/handbooks/>. The AVRS Provider Health Care Hotline can be reached by dialing 1-800-842-1461

For additional information regarding the All Kids Program, visit the following Web site <http://www.allkidscovered.com/>

Anne Marie Murphy, Ph.D.
Administrator
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COPAYMENTS FOR CHILDREN ENROLLED IN ALL KIDS

	All Kids Previously called Kid Care			Expanded Coverage Under All Kids						
	All Kids Assist	All Kids Share	All Kids Premium Level 1	All Kids Premium Level 2	All Kids Premium Level 3	All Kids Premium Level 4	All Kids Premium Level 5	All Kids Premium Level 6	All Kids Premium Level 7	All Kids Premium Level 8
Office Visit	N/A	\$2	\$5	\$10	\$15	\$20	\$25	\$25	\$25	\$25
Encounter	N/A	N/A	N/A	\$10	\$15	\$20	\$25	\$25	\$25	\$25
Dental	N/A	\$2	\$5	\$10	\$15	\$20	\$25	\$25	\$25	\$25
Emergency Room Visit	N/A	\$2	\$25	\$30	\$50	\$75	\$100	\$100	\$100	\$100
Prescription Drugs Including insulin and diabetic supplies.	N/A	\$2 for Brand or Generic	Brand \$5 Generic \$3	Brand \$7 Generic \$3	Brand \$14 Generic \$6	Brand \$21 Generic \$9	Brand \$28 Generic \$12	Brand \$28 Generic \$12	Brand \$28 Generic \$12	Brand \$28 Generic \$12
Hospital Admission	N/A	\$2 per admission	\$5 per admission	\$100 per admission	\$150 per admission	\$200 per admission	10% of HFS rate per admission	10% of HFS rate per admission	10% of HFS rate per admission	25% of HFS rate per admission
Percentage of HFS rate for each paid outpatient service	N/A	N/A	N/A	5%	10%	15%	20%	20%	20%	25%
Maximum co-pay per year	N/A	\$100 per family for all services	\$100 per family for all services	\$500 per child for hospital services	\$750 per child for hospital services	\$1,000 per child for hospital services	\$5,000 per child for hospital services	\$5,000 per child for hospital services	\$5,000 per child for hospital services	No Max